



October 13, 2020

Katie Hrinda, Director  
The Villas at Canterfield  
815 Atlanta Highway  
Cumming, GA 30040

Dear Ms. Hrinda:

### Report of Most Recent Survey

On May 26, 2020, staff from the Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Program, completed a survey of Villas at Canterfield, The, located at 815 Atlanta Highway, Cumming, Georgia. Based on the survey findings, two violations of the Rules and Regulations for Personal Care Homes, Chapter 111-8-62, were cited. Attached is a copy of the Survey Report. Please note that the survey findings are subject to supervisory review. Any violations cited may be deleted, corrected and/or additional violations can be cited based on that review. Any revisions of the survey report will be sent under separate cover.

### Notice to Correct Violations / Enforcement Action

Pursuant to the Rules and Regulations for Personal Care Homes, Chapter 111-8-62, and the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

### Plan of Correction (POC)

If violations are cited on this survey report, a POC must be submitted within ten (10) days of receipt of this letter. Mail the POC to DCH-HFRD, Personal Care Home Program, 2 Peachtree Street, Suite 31.447, Atlanta, Georgia 30303-3142, or email to HFRD.pch@dch.ga.gov. The date by which corrections must be completed shall be no later than thirty (30) days from the date of the survey. **Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. You will not receive a response from the Department as to whether the POC is acceptable or unacceptable. The POC will be reviewed along with the follow up inspection, as necessary.**

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

### Statement of Disagreement



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

Ms. Hrinda  
October 13, 2020  
Page 2

If the administrator/on-site manager disagrees with any of the deficiencies cited in this report, he/she may send a written statement of disagreement to the Regional Director to be reviewed. This must be submitted within ten (10) days of receipt of this letter and must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. This statement will be separate from the plan of correction.

**Posting of the Inspection Report**

The Personal Care Home Rules and Regulations require that all survey reports must be displayed in a conspicuous place on the premises. The attached survey report will be on file and will be available online at <https://forms.dch.georgia.gov/HFRD/>.

If you have any questions or if you would like to file a facility reported incident please use the following link: [https://forms.dch.georgia.gov/HFRD/HFR\\_Complaint\\_Form.htm](https://forms.dch.georgia.gov/HFRD/HFR_Complaint_Form.htm)

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

*Karen Brown*

Karen Brown, Regional Director  
Personal Care Home Program  
Healthcare Facility Regulation Division

Attachment

cc: Facility File

### FACILITY/CENTER IDENTIFIERS

**Facility Name:** The Villas at Canterfield **Surveyor Name:** Jacqueita Farrell  
**Identifier:** PCH008106 **Survey Exit Date:** 03/24/2020

PARTICIPANT IDENTIFIER	PERSONNEL IDENTIFIER
Floyd (Deceased)	A. Katie Hirinda, Director
	B. Heather Wright
	C. Amanda Burkett
	D. Leverne Kenney
	E. Madison Abercrembie
	F.
	G.
	H.
	I.
	J.
	K.
	L.
	M.
	N.

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH008106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VILLAS AT CANTERFIELD, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>815 ATLANTA HIGHWAY CUMMING, GA 30040</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Opening Comments.  >>>>The purpose of this visit was to investigate intake #GA00203410 and GA00203822. This investigation was started on 3/4/20 and was completed on 5/26/20.	A 000		
A2020 SS=D	<p>111-8-62-.20(5) Medications.</p> <p>Maintaining Records on Medication Assistance and Administration. Where the home either provides assistance with, or supervision of self-administered medications or health maintenance activities involving medications to residents, the home must maintain a daily Medication Assistance Record (MAR) for each resident receiving such service.</p> <p>This RULE is not met as evidenced by: &gt;&gt;&gt;Based on record review and staff interview, the facility failed to document on the Medication Assistance Record (MAR) when a resident was administered medication for 1 of 72 residents (Resident #1) Findings include:</p> <p>A review of the MAR for Resident #1 showed no documentation that a breathing treatment (Ipratropium/Sol Albuter) was given to Resident #1 on 2/13/20 between 5:45a.m. and 6:00a.m. Resident #1's diagnosis was Anemia, HTN, Muscular Degeneration, COPD, CHF, and Dementia.</p> <p>In an interview Staff B stated he/she was called to Resident #1's room. Resident #1 was on the floor. Staff D and Staff E stated Resident #1 was very weak and had a fall. Staff B stated he/she took Resident #1's vital and conducted and assessment There were no injuries. Staff B stated he/she went to get Resident #1's</p>	A2020		

State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH008106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VILLAS AT CANTERFIELD, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>815 ATLANTA HIGHWAY CUMMING, GA 30040</b>
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A2020	Continued From page 1  breathing treatment, when he/she got back to Resident #1 he/she put the breathing machine on Resident #1. Resident #1 took two deep breaths and passed away. Staff B stated he/she did not think the breathing machine took affect. Staff B stated he/she contacted Hospice and CC. Staff B is the direct caregiver that was to give Resident #1 his/her breathing treatment (Ipratropium/Sol Albuter). No explanation was offer why Staff B did not sign off on the MARs	A2020		
A2601 SS=D	111-8-62-.26(1) Procedures for Change in Resident Condition.  In case of an accident or sudden adverse change in a resident's physical condition or emotional adjustment, a home must take the actions appropriate to the specific circumstances to address the needs of the resident, including notifying the representative or legal surrogate, if any. The home must retain a record of all such accidents or sudden adverse changes and the home ' s response in the resident's files.  This RULE is not met as evidenced by: >>>>Based on record review and staff interview the facility failed to notify the resident's representative or legal surrogate of and accident for 1 of 72 residents (Resident #1). Findings include:  A review of the facility's incident report written by Staff E revealed on 2/13/20 Resident #1 fell in the bathroom and Staff E went to assist getting Resident #1 back into his/her wheelchair, was going to transfer Resident #1 to bed when Resident #1 fell out of his/her wheelchair and hit his/her head. Resident #1 had been saying	A2601		

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH008106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VILLAS AT CANTERFIELD, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>815 ATLANTA HIGHWAY CUMMING, GA 30040</b>
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A2601	<p>Continued From page 2</p> <p>he/she could not breathe most of the night with oxygen. Resident #1 passed away. According to the death certificate Resident #1's immediate cause of death was Chronic Obstructive Pulmonary Disease.</p> <p>A review of the resident files showed documentation that Resident #1 was on hospice services with DNR (Do Not Resuscitate) orders in place.</p> <p>The facility failed to inform the family Resident #1 hit his/her head while being transferred from the wheelchair to the bed.</p> <p>A review of a written statement by GG revealed on 2/13/20 at 5:45 a. m. he/she was informed by the facility staff that Resident #1 had expired while doing a breathing treatment. When he/she went to Resident #1's room Resident #1 was laying in bed peacefully and could not arouse. The facility staff had already called Hospice and CC. GG stated he/she washed Resident #1 up, changed his/her clothing, brushed his/her hair and repositioned Resident #1 in the bed. When CC arrived GG explained to him/her it seemed like Resident #1 had expired while having a breathing treatment and explained the Hospice RN would have to come out and make a decision since GG is an CNA. CC asked GG did he/she why was Resident #1 having a breathing treatment. GG told CC the staff told him/her Resident #1 was having a little difficulty breathing. CC asked did GG find Resident #1 like he/she was. GG explained to CC he/she washed Resident #1 up and changed his/her clothes. The staff informed GG that Resident #1 had a bump on the back of his/her head. When GG was brushing Resident #1's hair he/she did not feel a bump on the back of Resident #1's head. GG</p>	A2601		

State of GA, Healthcare Facility Regulation Division

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NAME OF PROVIDER OR SUPPLIER  <b>VILLAS AT CANTERFIELD, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>815 ATLANTA HIGHWAY CUMMING, GA 30040</b>		
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A2601	<p>Continued From page 3</p> <p>stayed with CC until the Hospice Nurse arrived to do the pronouncement. GG asked CC if he/she had any questions and CC said no. GG gave CC his/her condolences and left.</p> <p>A review of the facility's incident report written by Staff E revealed on 2/13/20 Resident #1 start to fall in the bathroom Staff E went to assist getting Resident #1 back into his/her wheelchair, was going to transfer Resident #1 to bed when Resident #1 fell out of his/her wheelchair and hit his/her head. Resident #1 had been saying he/she could not breathe most of the night</p> <p>In an interview Staff A stated he/she was told Resident #2 slid to the floor and his/her head bumped the wheelchair.</p> <p>In an interview Staff D stated, as Staff D and Staff E were trying to assist Resident #1, Resident #1 slid out of the wheelchair. Resident #1 did not fall it was like he/she just slid.</p> <p>In an interview CC stated he/she was told by EE and FF on 2/13/20 while Staff E was transferring Resident #1 to his/her bed Resident #1 fell really hard.</p> <p>In an interview EE stated he/she was not at work when Resident #1 passed away. EE stated on 2/13/20 when he/she arrived at work he/she talked to Staff E about Resident #1 and Staff E told him/her Resident #1 was really weak and when Staff E was trying to put Resident #1 back in the bed he/she dropped Resident #1 and Resident #1 hit his/her head real hard</p>	A2601		



*The Villas at Canterfield*  
A Retirement Community Rich in Lifestyle

## Plan of Correction

Survey Date: May 26, 2020

1) Deficiency ID: Tag A2020, 111-8-62-.20(5)

### Plan of Correction:

Every time a resident is administered a medication, it will be documented on the Medication Assistance Record (MAR). The documentation will take place immediately following the administration of said medication(s).

### Date of Correction:

Immediately

### Method to Monitor Correction:

A conversation was had with all of the nurses/Med Techs that administer medications about the importance of making sure that you are taking your time and following all of the steps of proper medication administration...one of the steps being documenting on the MAR that a medication(s) was given. This topic will be covered during our monthly Wellness meetings with the staff. We will also continue to do monthly MAR audits and discipline the appropriate person anytime that there is a hole in the MAR.

2) Deficiency ID: Tag A2601, 111-8-62-.26(1)

### Plan of Correction:

The facility will make sure to notify a resident's representative or legal surrogate anytime that there is an accident involving said resident.

### Date of Correction:

Immediately

*Cumming's first retirement community where elegance meets a continuum of care.*





*The Villas at Canterfield*  
A Retirement Community Rich in Lifestyle

**Method to Monitor Correction:**

Management will make sure that a resident's representative or legal surrogate was notified immediately following an accident. If the staff member at the time failed to notify the appropriate person regarding the accident, management will then reach out and notify them of the event themselves. Management will also make sure that all documentation surrounding the accident was completed and filed in a timely manner.

*Cumming's first retirement community where elegance meets a continuum of care.*



July 22, 2020

The Villas At Canterfield, LLC  
4488 N. Shallowford Rd. Suite 103  
Atlanta, GA 30338

Katie Hrinda, Administrator  
Villas At Canterfield, The  
815 Atlanta Highway  
Cumming, GA 30040

Dear Ms. Hrinda:

### Report of Most Recent Survey

On June 23, 2020, staff from the Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Program, completed a survey of Villas At Canterfield, The, located at 815 Atlanta Highway, Cumming, Georgia. Based on the survey findings, no violations of the Rules and Regulations for Personal Care Homes, Chapter 111-8-62, was cited. Attached is a copy of the Survey Report. Please note that the survey findings are subject to supervisory review. Any violations cited may be deleted, corrected and/or additional violations can be cited based on that review. Any revisions of the survey report will be sent under separate cover.

### Notice to Correct Violations / Enforcement Action

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### Plan of Correction (POC)

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The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and



Ms. Hrinda  
July 22, 2020  
Page 2

- Specify how the facility will monitor the corrections to achieve and maintain compliance.

### **Statement of Disagreement**

If the administrator/on-site manager disagrees with any of the deficiencies cited in this report, he/she may send a written statement of disagreement to the Regional Director to be reviewed. This must be submitted within ten (10) days of receipt of this letter and must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. This statement will be separate from the plan of correction.

### **Posting of the Inspection Report**

The Personal Care Home Rules and Regulations require that all survey reports must be displayed in a conspicuous place on the premises. The attached survey report will be on file and will be available online at <https://forms.dch.georgia.gov/HFRD/>.

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If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Irene Hubbard, RN

Irene Hubbard, RN, Regional Director  
Personal Care Home Program  
Healthcare Facility Regulation Division

Attachment

cc: Facility File

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH008106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/23/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>VILLAS AT CANTERFIELD, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>815 ATLANTA HIGHWAY CUMMING, GA 30040</b>		
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A 000	Opening Comments.  >>>>The purpose of this visit was to investigate #GA00205350. No rule violations were cited as a result of this inspection. The investigation began on 6/9/20 and was completed on 6/23//20.	A 000			

State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE